

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-815)

SERIAL NO.

10511875

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

pg. 2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
102						
103						
104						
105						
106		<input checked="" type="checkbox"/>				
107		<input checked="" type="checkbox"/>				
108		<input checked="" type="checkbox"/>				
109		<input checked="" type="checkbox"/>				
110						
111						
112		<input checked="" type="checkbox"/>				
113						
114						
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116						
117						
118		<input checked="" type="checkbox"/>				
119		<input checked="" type="checkbox"/>				
120		<input checked="" type="checkbox"/>				
121		<input checked="" type="checkbox"/>				
122		<input checked="" type="checkbox"/>				
123		<input checked="" type="checkbox"/>				
124		<input checked="" type="checkbox"/>				
125		<input checked="" type="checkbox"/>				
126		<input checked="" type="checkbox"/>				
127		<input checked="" type="checkbox"/>				
128		<input checked="" type="checkbox"/>				
129		<input checked="" type="checkbox"/>				
130		<input checked="" type="checkbox"/>				
131		<input checked="" type="checkbox"/>				
132		<input checked="" type="checkbox"/>				
133		<input checked="" type="checkbox"/>				
134		<input checked="" type="checkbox"/>				
135		<input checked="" type="checkbox"/>				
136		<input checked="" type="checkbox"/>				
137		<input checked="" type="checkbox"/>				
138		<input checked="" type="checkbox"/>				
139		<input checked="" type="checkbox"/>				
140		<input checked="" type="checkbox"/>				
141		<input checked="" type="checkbox"/>				
142		<input checked="" type="checkbox"/>				
143		<input checked="" type="checkbox"/>				
144		<input checked="" type="checkbox"/>				
145		<input checked="" type="checkbox"/>				
146		<input checked="" type="checkbox"/>				
147		<input checked="" type="checkbox"/>				
148		<input checked="" type="checkbox"/>				
149		<input checked="" type="checkbox"/>				
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152		<input checked="" type="checkbox"/>				
153		<input checked="" type="checkbox"/>				
154		<input checked="" type="checkbox"/>				
155		<input checked="" type="checkbox"/>				
156		<input checked="" type="checkbox"/>				
157		<input checked="" type="checkbox"/>				
158		<input checked="" type="checkbox"/>				
159		<input checked="" type="checkbox"/>				
160		<input checked="" type="checkbox"/>				
161		<input checked="" type="checkbox"/>				
162		<input checked="" type="checkbox"/>				
163		<input checked="" type="checkbox"/>				
164		<input checked="" type="checkbox"/>				
165		<input checked="" type="checkbox"/>				
166		<input checked="" type="checkbox"/>				
167		<input checked="" type="checkbox"/>				
168		<input checked="" type="checkbox"/>				
169		<input checked="" type="checkbox"/>				
170		<input checked="" type="checkbox"/>				
171		<input checked="" type="checkbox"/>				
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173		<input checked="" type="checkbox"/>				
174		<input checked="" type="checkbox"/>				
175		<input checked="" type="checkbox"/>				
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183		<input checked="" type="checkbox"/>				
184		<input checked="" type="checkbox"/>				
185		<input checked="" type="checkbox"/>				
186		<input checked="" type="checkbox"/>				
187		<input checked="" type="checkbox"/>				
188		<input checked="" type="checkbox"/>				
189		<input checked="" type="checkbox"/>				
190		<input checked="" type="checkbox"/>				
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192		<input checked="" type="checkbox"/>				
193		<input checked="" type="checkbox"/>				
194		<input checked="" type="checkbox"/>				
195		<input checked="" type="checkbox"/>				
196		<input checked="" type="checkbox"/>				
197		<input checked="" type="checkbox"/>				
198		<input checked="" type="checkbox"/>				
199		<input checked="" type="checkbox"/>				
200		<input checked="" type="checkbox"/>				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201						
202						
203						
204						
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148						
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150						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	220	←		←		←
TOTAL CLAIMS	228					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						